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## \*BIBDATASHEET\*

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**CONFIRMATION NO. 90**

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### \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/919,783 07/31/2001 PAT 6,747,556

*D.P.*

### \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*None D.P.*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 04/30/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Met after Allowance <i>D.P.</i>			
Verified and Acknowledged Examiner's Signature	<i>D.P.</i>	Initials	DRAWING 5	CLAIMS 59	CLAIMS 5

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### TITLE

Method and system for locating a portable medical device

	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:
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